



Community Development Department
6400 El Verde Road, Leon Valley, Texas 78238
Phone: (210) 684-1391 x 226 Fax: (210) 509-8288

BUILDING PERMIT APPLICATION

REQUIREMENTS:

(1) Building Permit Application, (2) Plot (Site) Plans, (3) Building Plans with Specifications (Residential 3 sets; Commercial 1 set)

NOTE: Allow 2 days to 2 weeks for Plan Reviews and Permits

REINSPECTION FEE'S \$40.00

Date: _____

Permit #: _____

Part I. - Location of Building (PLEASE PRINT or TYPE)

Location: _____ Zoning District: _____

Subdivision: _____ Lot: _____ Block: _____ CB: _____

Part II. - Type, Registration, Cost

A. Type of Improvement

1. ☐ New Building - Type: _____
2. ☐ Addition
3. ☐ Alteration
4. ☐ Repair or Replacement
5. ☐ Demolition
6. ☐ Moving (relocation)
7. ☐ Foundation Only
8. ☐ Storage Bldg./Shed Only

C-1. Commercial Registration

- ☐ Asbestos Survey included
(For Existing Structures Only)

**Texas Department of Licensing
and Regulation (TDLR)**

**Registration
#:** _____

D. Retail Value of Project

= _____

**Part III. - Plan Details/Project
Specifications/Foundation/Materials**
(Complete Sections E-I, if applicable)

E. New Building Dimensions

1st Story: _____ 2nd Story: _____

No. of Rooms: _____ No. of Rooms: _____

No. of Bath: _____ No. of Bath: _____

Garage: _____ Storage
Shed: _____

**Total Square Footage of
New Building Project:** _____

B. Project Type

1. ☐ Commercial—**projects over \$50,000
complete Section C-1**
2. ☐ Residential—**projects over \$20,000
complete Section C-2**

C-2. Residential Registration

**Texas Residential Construction
Commission (TRCC)**

**Registration
#:** _____

F. Current Dimensions

(pertains to existing buildings, additions,
alterations, repairs, demolitions, and
relocations only)

1st Story: _____ 2nd Story: _____
No. of Rooms: _____ No. of Rooms: _____
No. Bathrooms: _____ No. Bathrooms: _____

Garage: _____ Storage
Shed: _____

**Square Footage
of Existing Project:**

G. Altered Dimensions

(pertains to existing buildings, additions,
alterations, repairs, demolitions, and relocations
only)

1st Story: _____ 2nd Story: _____
No. of Rooms: _____ No. of Rooms: _____

No. Bathrooms: _____ No. Bathrooms: _____
Garage: _____ Storage Shed: _____

**Total Altered Square Footage
of the Proposed Project:**

H. Foundation

Dimensions: _____

Total Square Footage: _____

I. Materials

Floors: _____

Roof: _____

Exterior

Walls: _____

Interior Walls: _____

Part IV. Notification/Identification Information (complete Sections J-L)

J. Owner/Lessee Information Name: _____ Address: _____ _____ Phone No.: _____ Fax No.: _____ Alternate Phone No.: _____ <div>(Specify Type)</div>	K. Contractor Information Name: _____ Address: _____ _____ Phone No.: _____ Fax No.: _____ Alternate Phone No.: _____ <div>(Specify Type)</div>	L. Architect/Engineer Name: _____ Address: _____ _____ Phone No.: _____ Fax No.: _____ Alternate Phone No.: _____ <div>(Specify Type)</div>
--	--	--

NOTICE

Separate **permits** are **required** for **Electrical, Plumbing, Heating, Gas, Ventilation/Air Conditioning, Fences, Signs, Curb Cuts and Sidewalks**. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. Provisions of the adopted 2000 Uniform Building Code as well as laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant

Date _____

[illegible]

Section VI. Validation by Building Official

Are the Following Items Required: (circle any applicable item(s))

1. Zoning Change	Y	N	5. Off-Street Parking	Y	N	9. Fire Marshall Review	Y	N
2. Specific Use Permit	Y	N	6. Health License/Review	Y	N	10. Landscaping	Y	N
3. Building Inspection	Y	N	7. Public Works Review	Y	N	11. Floodplain Permit	Y	N
4. Platting/Replatting	Y	N	8. Electric Inspection/Review	Y	N	12. Water & Sewer	Y	N

Provide the Following:

Occupancy Class:_____

Construction Class:_____

COMMENTS/*CONDITIONS:_____
